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JC697 U.S. PTO

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

United States Patent Application

Filing Date ..... filed herewith  
Applicant(s) ..... Anil Vasudeo Virkar, Jan-Fong Jue, Kuan-Zong Fung  
Parent Application Group Art Unit ..... 1755  
Parent Application Examiner ..... Michael Marcheschi  
Attorney's Docket Number ..... MS2034-1  
Title ..... "ALKALI-METAL-BETA- AND BETA"-ALUMINA AND GALLATE  
POLYCRYSTALLINE CERAMICS AND FABRICATION BY A VAPOR PHASE METHOD"

To: BOX PATENT APPLICATION  
Assistant Commissioner for Patents  
Washington, D. C. 20231

Express Mail Label Number:  
EJ792100372US

From: James L. Sonntag  
P. O. Box 21  
Heber City, Utah 84032-0021  
Telephone: (435)-783-8332

JC675 U.S. PTO

09/636157

08/10/00

**UTILITY PATENT APPLICATION TRANSMITTAL**

Enclosed are the items listed below submitted regarding the matter identified above:

Return Post Card Receipt

UTILITY PATENT APPLICATION TRANSMITTAL

Application for Letters Patent including;

FEE TRANSMITTAL

Specification, Claim 1, and Abstract (Total 14 pages)

13 sheets of Drawings (Figs. 1-12)

DECLARATION AND POWER OF ATTORNEY (3 pages) (copy from prior application)

Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the declaration is supplied is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS Statement filed in prior application. (Copy Enclosed) Status is still proper and desired.

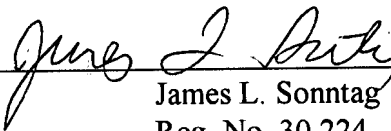
This is a continuation of prior application No. 09/002,483, January 2, 1998.

Correspondence Address:

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Dated: 8 August 2000 By: \_\_\_\_\_

  
James L. Sonntag  
Reg. No. 30,224

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

United States Patent Application

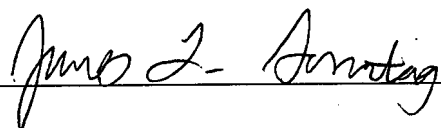
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Examiner..... Michael Marcheschi  
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**FEE TRANSMITTAL  
PAYMENT AUTHORIZATION AND  
FEE CALCULATION SHEET  
NEW PATENT APPLICATION - Small Entity**

						Fee Code
BASIC FEE					345	201
CLAIMS FEES	Number of Claims Remaining After Any Amendments	Minus Number Allowed in Base Fee	Equals Excess Claims For Which Fees Are Now Due	Fee		
Total Claims	1	20	0	X 11 =	0	203
Indep. Claims	1	3	0	X 41 =	0	202
TOTAL FEES OWED					345	

**A CREDIT CARD PAYMENT FORM for the fee of \$345 is enclosed.**

**Deposit Account Authorization** - The Commissioner is hereby authorized to charge deficiency or payment of any applicable or necessary fees or credit any excess payments to Deposit Account No. 19-3148.

Date: 8 August 2000 By:   
James L. Sonntag  
Registration No. 30224